

Independent Living Monthly Budget Plan

Total Monthly Income and Resources prior to IL financial assistance:	\$	Total Monthly Expenses:	\$
Type of assistance: <input type="checkbox"/> Subsidy <input type="checkbox"/> ETV Monthly IL financial support amount authorized by IL coordinator: Per policy guidelines, IL monthly support should not exceed the difference between Income and Resources (A) and Expenses (B).		\$	
Monthly IL financial support amount approved by IL Supervisor (for no more than 6 months in duration):		\$	
Signature of IL Supervisor:			Date:

Start Up Expense Requested:		Date Utilized:	Prior Amount Utilized:
Utility Deposit (8122)	\$		\$
Household Items (8122)	\$		\$
Rent Deposit (8100)	\$		\$
Total Start Up Expenses Used:	\$		

Youth is working what type of plan:			
<input type="checkbox"/> Secondary Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Post-Secondary / Certified Training	<input type="checkbox"/> Other; specify:
Does the youth have a mentor: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name:	

By signing below, I agree to:

- Provide copies of receipts, estimates, leases, and other documentation as requested by my Independent Living Coordinator to assist in the provision of my monthly support.
- Follow my education/ employment plan. If I do not follow my plan, my monthly support provided by the DCF Independent Living Program will end and I will not be able to receive funding from this program.

Signature of Youth:	Date:
Signature of DCF IL Coordinator:	Date:
A copy of this completed monthly budget was provided to the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

(Financial Support provided by the DCF IL Program must be documented in SSIS with receipts of purchases in the IL case file)

